CaSIPO
Care & Support for Improved Patient Outcomes

Retention in care of ART patients through community-based adherence clubs (ACs)

Theme 1: Community Health Worker Programs that Support the Uptake of HIV Prevention and Treatment Services

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HPCA CARE & SUPPORT
Hospice Palliative Care Association of South Africa

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Background

Community Systems Strengthening

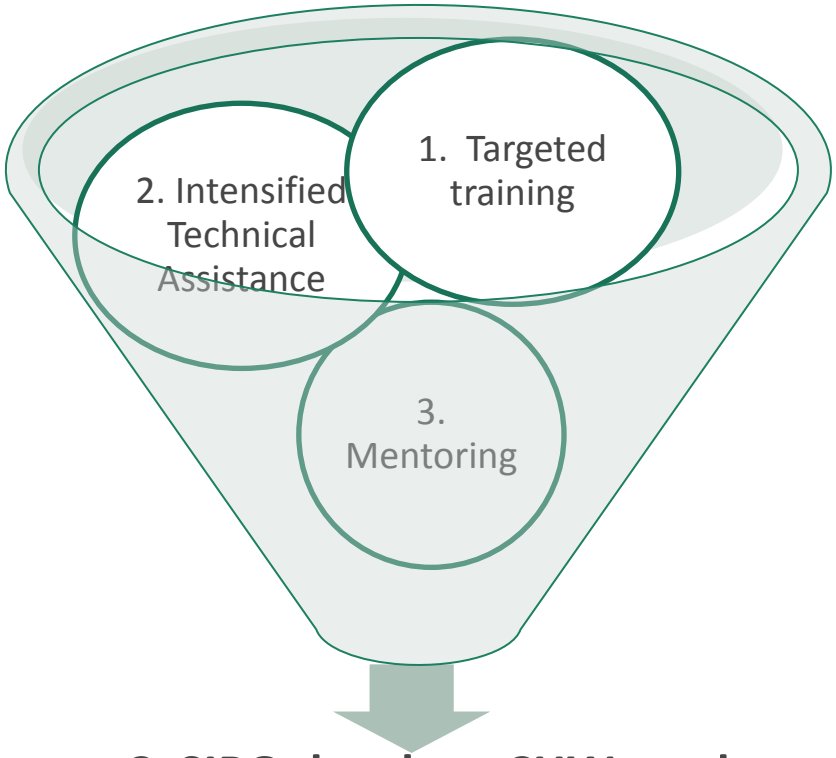
USAID-funded CaSIPO Project develops the capacity of organizations and individuals at community level to improve retention and reintegration of patients in care.

Community-based ACs offering adherence support, health education, nutritional assessments, STI and TB screenings and referral

Tracing patients Lost to Follow Up

Data Methods

From Blended Technical Assistance



CaSIPO develops CHWs and supervisors' skills and knowledge for improved quality services at community levels

- Establishment of adherence clubs (incl. cohorting)
- Facilitation of adherence clubs (incl. referrals)
- Provision of Universal Care Interventions (UCI) (NACS, STI and TB screenings)
- Supervision of adherence clubs (AC Facilitation Audits)
- Record keeping and monitoring data quality (AC and UCI Registers Audits)

CHWs: Community Health Workers
NACS: Nutritional Assessment Counselling and Support
STI: Sexually Transmitted Infection
TB: Tuberculosis

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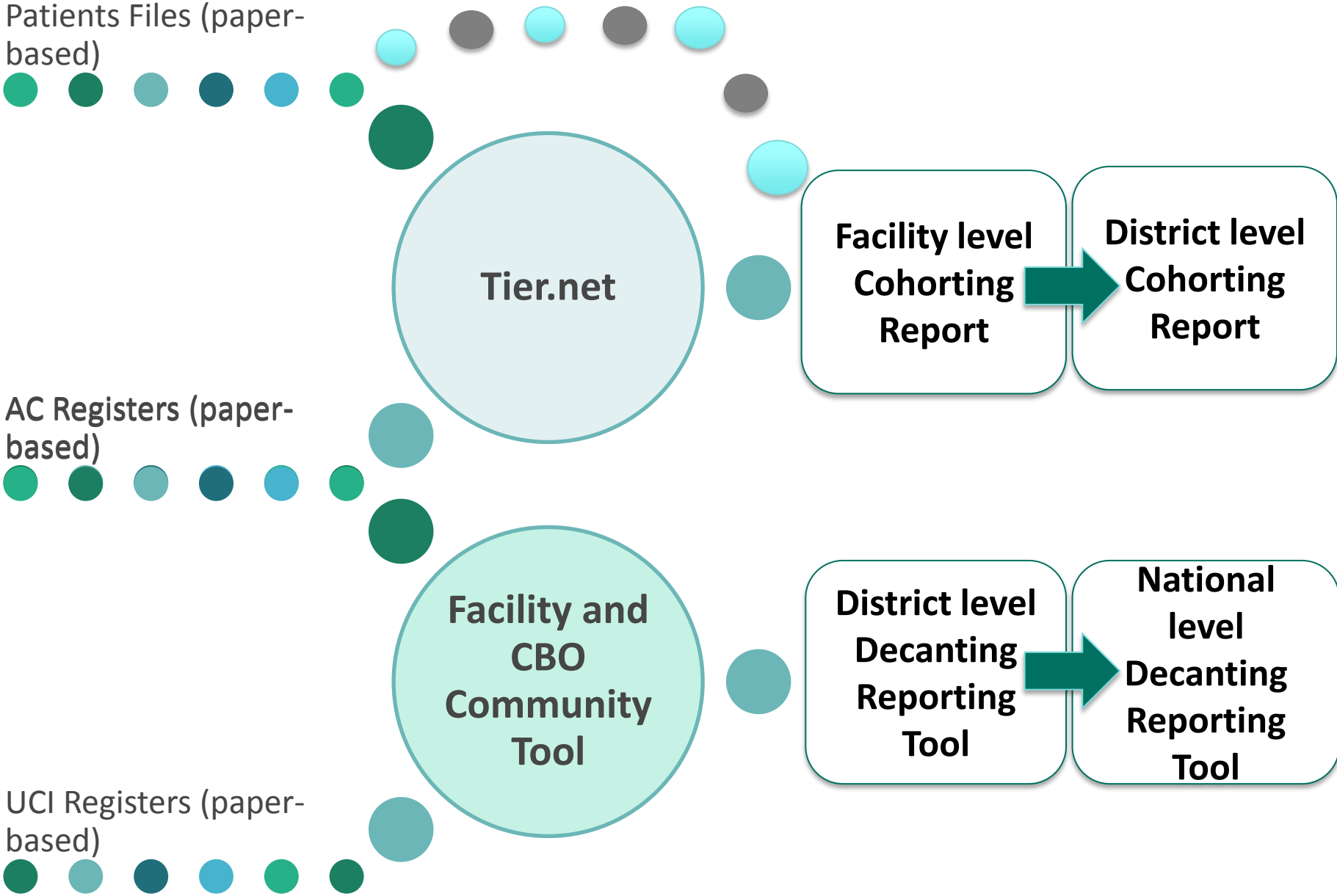
To Establishment and Maintenance of Community-Based ACs

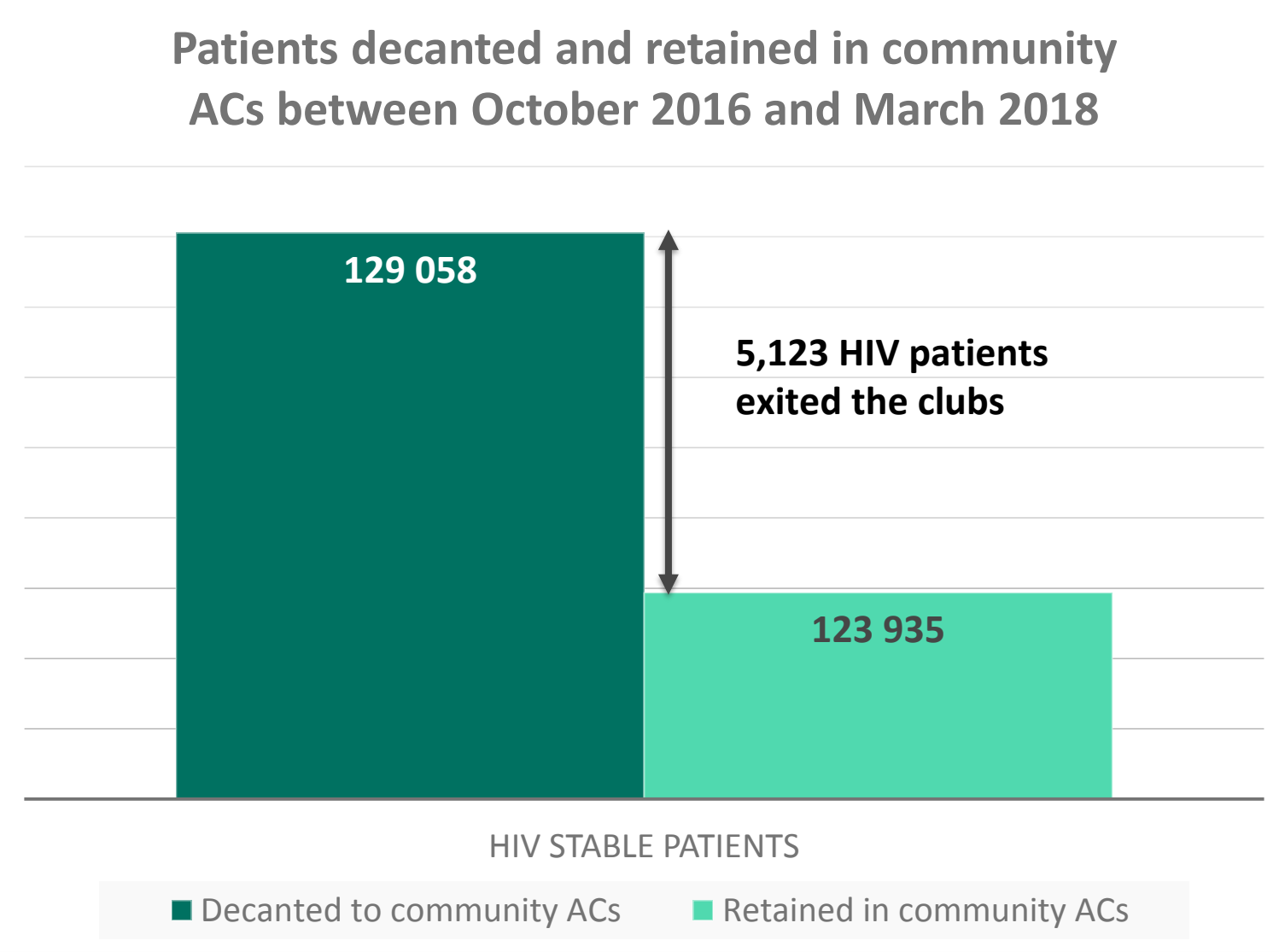


Key Results

Retention in community-based adherence clubs (1)

Retention in care

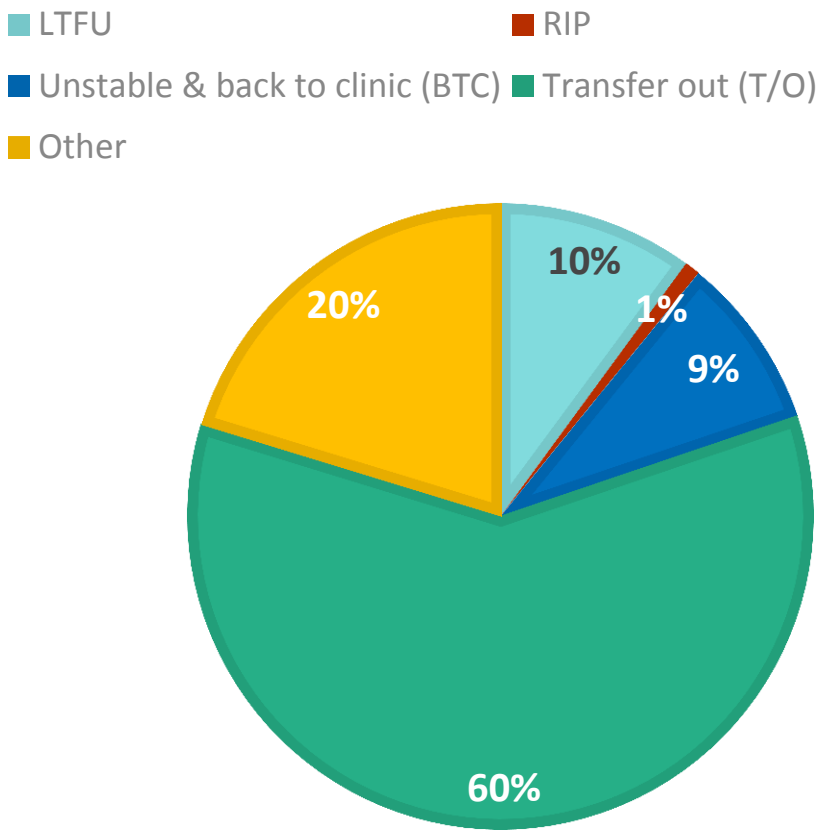
96%



Retention in community-based adherence clubs (2)

129,058 HIV stable patients decanted from 330 clinics to 4,971 community-based adherence clubs across 15 Districts.

5,123 patients exited the clubs



LTFU	RIP	Unstable & BTC	T/O	Other
517	41	450	3,075	1,040

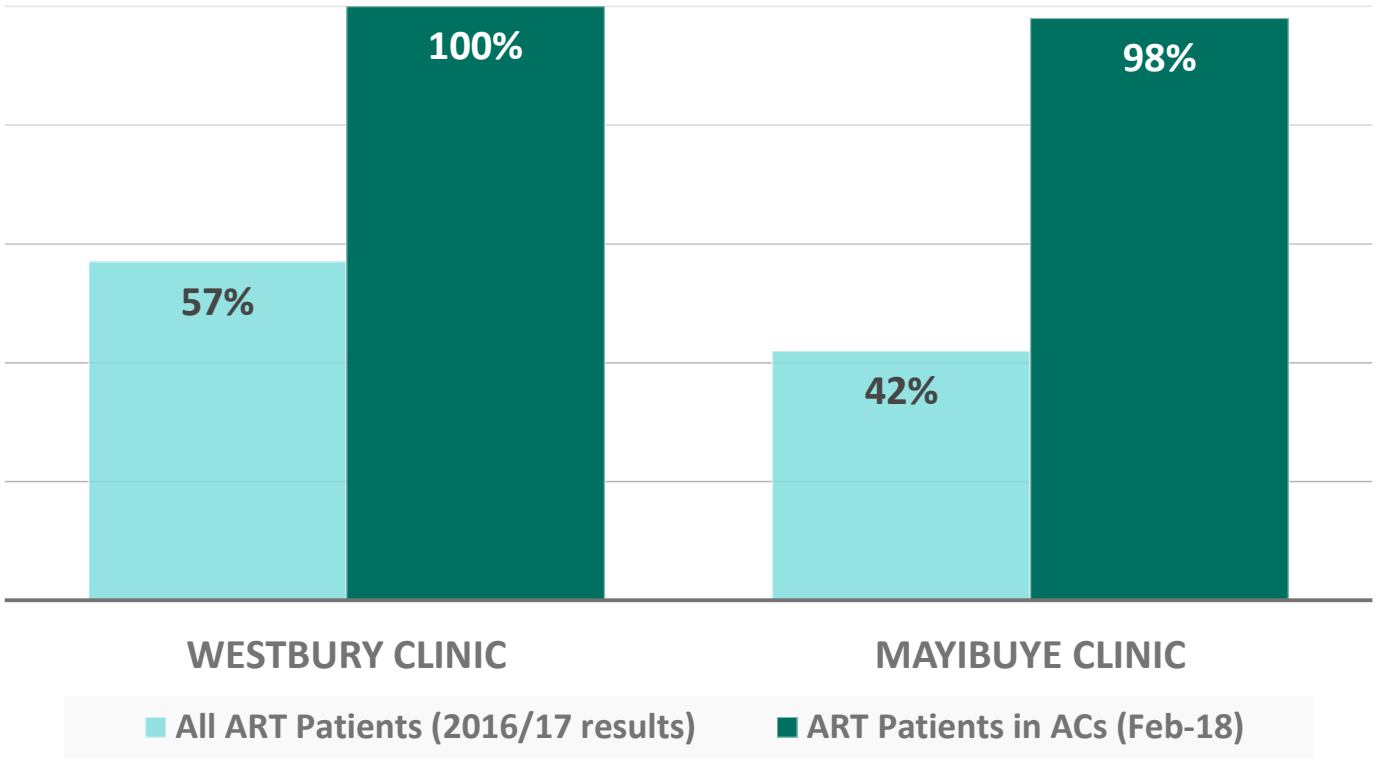
Impact of cohorting on viral load (VL) completion

Cohorting of patients resulted in:

- orderly services to ART patients in clubs;
- increased rates of viral load completion for the cohorts of ART patients in clubs.

By 31 March 2018, CaSIPO supported 51 facilities in Johannesburg Health District (JHD) to cohort 20,439 ART patients.

Rate of VL completion for overall ART population and for ART patients in ACs in 2 clinics in JHD, Sub-District A



Conclusions and Recommendations (1)

CBOs not funded by DoH	CBOs funded by DoH	WBPHCOTs	Direct Service Delivery
• Facilitation of the ACs done by CHW employed by CBO	• Facilitation of the ACs done by CHW employed by CBO	• Facilitation of the ACs done by WBPHCOT's OTL or CHW	• Facilitation of the ACs done by Project's staff

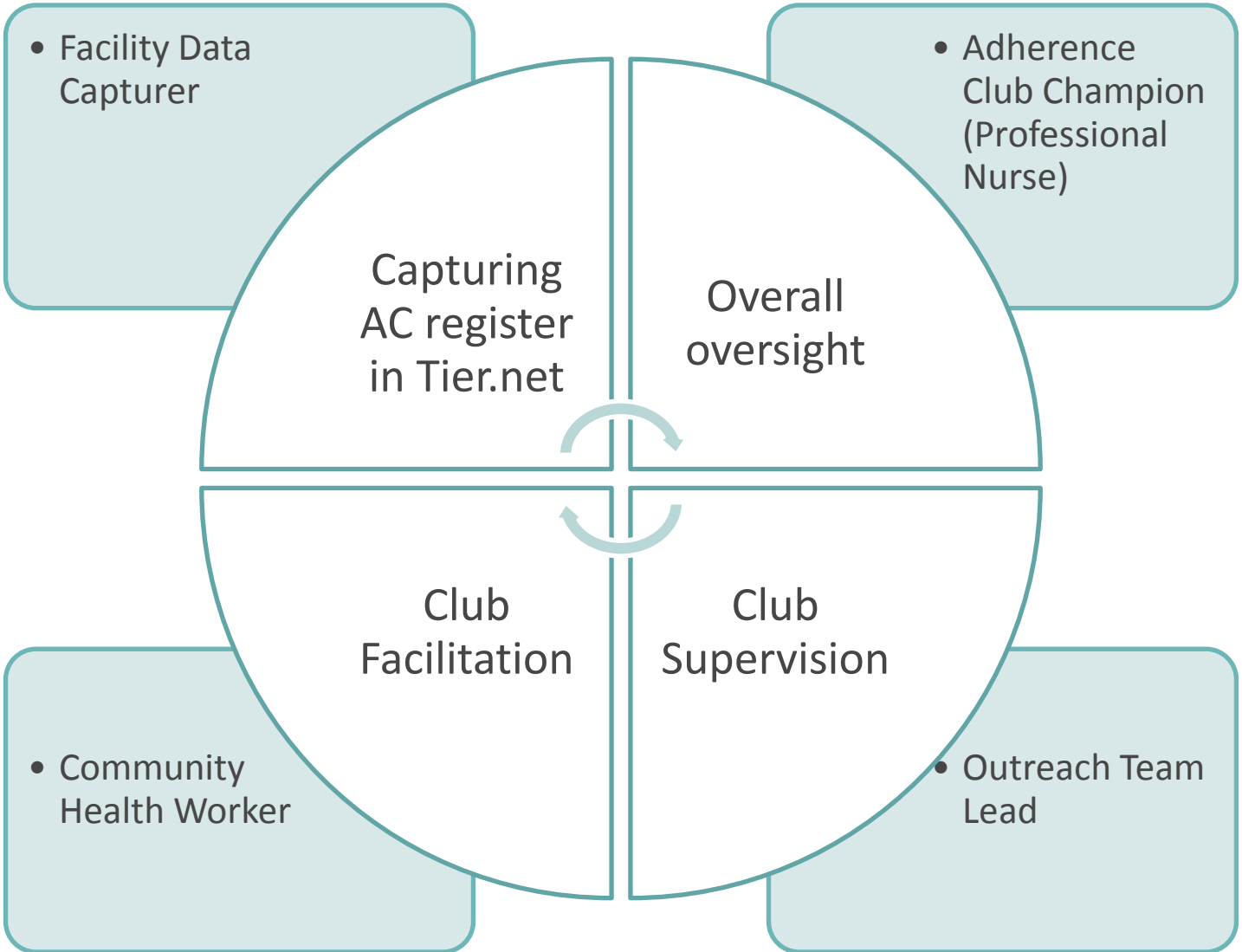
The establishment and facilitation of ACs by CHWs or CBOs funded by the DoH is a scalable and sustainable model.

The ownership of the AGL by the Districts is a key success factor in the implementation of the decanting process and the establishment of community-based ACs.

The use of CHWs or CBOs funded by the DoH for the facilitation of the ACs strengthens the linkages with the decanting clinics and facilitates a two-way referral pathway.

Conclusions and Recommendations (2)

WBPHCOTs Model: Role players



Conclusions and Recommendations (2)

ACs not structured per cohort result in a disorganized provision of HIV services, with patients in one group receiving different services on the day of the club.

Quarterly cohorting ensures that all patients from the AC are due for their yearly clinical blood tests and clinical examination at the same time.
The AC Facilitator can remind the group about scheduled HIV services and monitor their compliance with these appointments.

In JHD, the development of the SOP For Cohorting for Repeat Prescription Collection Strategies (RPCS): Adherence Clubs (AC), Spaced Fast Lane Appointments (SFLA) and CCMDD External Pick-up-Points (PuPs) played a key role in standardizing and fast-tracking the cohorting process.

Appropriate cohorting will enable patients on lifelong ART to move seamlessly from one RPCS option to another depending on their needs and circumstances.

Summary of Key Points

Retention in care of ART patients through community based adherence clubs: Stephanie Berrada, CaSIPO

1. The use of CHWs or CBOs funded by the DoH for the facilitation of the ACs is a scalable and sustainable model which strengthens the linkages with the decanting clinics and facilitates a two-way referral pathway.

2. The key role players within the WBPHCOTs Model are the AC Champion at the facility who provides overall oversight on the program, the OTL who supervise and monitor the quality of the facilitation, the CHW who facilitate the clubs and the facility Data Capturer who ensures that the AC register is capture in Tier.net.

3. Quarterly cohorting ensures that all patients from the club are due for their yearly clinical blood tests and clinical examination at the same time. It facilitates monitoring of HIV services and enables patients on lifelong ART to move seamlessly from one RPCS option to another depending on their needs and circumstances.

Thank you,